

Medical Plan 2005

The open enrollment period is from
November 1 to December 5, 2004.



Dear TVA Retiree:

Rising healthcare costs are a nationwide concern, and TVA is striving to make the best use of every benefit dollar for retirees and employees. This year, as part of the TVA-wide review of programs to better manage costs and improve TVA's financial flexibility, we did an extensive analysis of TVA's benefits plans, particularly the medical-plan options. Communication of the medical plan changes for 2005 began in late September with letters, brochures, *Inside TVA*, and regional information sessions in major locations. This booklet also provides you with information you will need to make your selection of medical plan coverage for 2005.

In carefully analyzing our plans, we examined the plans' costs and benchmarked our coverage against that of organizations around the region and nation. The analysis shows that TVA's cost for medical coverage per participant is higher than regional or national figures, and the premiums paid for some of our medical plans are not covering their true costs. Overall, it is clear that we must make changes to bring TVA more in line with benchmark data and to more effectively manage the continuously increasing cost of healthcare benefits.

As a result, four medical plans will be available during the retiree election period for healthcare benefits in November. Two of the plans are the 80-percent and the 90-percent PPO options now available, with changes that are described in this booklet. Other options include a lower cost option known as a Consumer-Directed Health Plan, and a higher cost option, a co-payment PPO plan, that replaces the HMOs previously available. The 90-percent PPO option will be eliminated as of January 1, 2006; and the 70-percent plan is ending as of January 1, 2005.

While premiums are increasing for 2005, TVA is committed to providing retirees not yet eligible for Medicare with quality medical coverage options at competitive rates. Studies show that only 30 percent of large employers offer medical coverage to their retirees before they become eligible for Medicare. In addition, TVA offers significant financial assistance to many retirees to help with the cost of medical coverage. Retirees are offered the same medical plan options as active employees, and their expenses are pooled with active employees to reduce average premiums for retirees. The TVA Retirement System provides many retirees with two pension supplements established to help cover medical insurance cost. Many retirees also receive a TVA healthcare credit that reduces their medical insurance costs.

While increases in medical plan costs are unavoidable, a careful review of the options and the selection of a plan that most closely matches your healthcare and financial needs can mitigate some of the increases.

TVA is committed to continuing to offer a competitive and meaningful benefits package to retirees, and we want to provide you with the information you need to make the best decisions about your healthcare. I urge you to review this booklet and make your election for your 2005 medical plan coverage. An election form is included in this booklet, along with a postage-paid return envelope. Election forms must be received by TVA's Employee Service Center by December 9, 2004.

Sincerely,



Gary R. Napier
Senior Manager
Employee Benefits

Medical Plan 2005

**Election Period for Retirees
November 1 - December 5, 2004**

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What's New for 2005?

New Medical Plan Options

You will see significant changes in the medical plan options available to you for 2005, and you should read this booklet carefully to make sure you choose the option that best meets your needs.

All of your medical plan options for next year include medical coverage for hospitals, physicians, eligible medical equipment, and other services administered through Blue Cross Blue Shield of Tennessee. All of the options are preferred-provider organization (PPO) plans, using PPO networks available through Blue Cross Blue Shield nationwide, with higher levels of benefits payable when using providers in the PPO network.

All of the options include prescription-drug coverage administered by Medco Health, with benefits available for retail drug purchases and for home-delivery (mail-order) purchases. Prescription-drug coverage under all of the options for 2005 will have three levels of copayments—generic, preferred brand-name drugs, and nonpreferred brand-name drugs. Be sure to read carefully the information in each section to make sure you understand the new prescription-drug benefits.

All of the options include changes in the benefits for mental health treatment. There will be a maximum benefit of 60 inpatient days per patient per year and a maximum of 60 outpatient visits per patient per year under all of the 2005 medical plans.

Health-maintenance organizations will not be available after December 31, 2004.

New! Copayment PPO Plan

This plan has some of the popular features of the health-maintenance organizations—HMOs—that were available in Alabama and Tennessee, but the new Copayment PPO plan is available nationwide. The plan includes medical and hospital coverage administered through Blue Cross Blue Shield of Tennessee, and gives you access to PPO providers in all states so that you will always have a choice of in-network

or out-of-network providers. After second sentence, add: After the deductible is met, the plan provides 80-percent coverage for prescription drugs and in-network medical services until the out-of-pocket maximum is reached. The plan also includes prescription-drug coverage administered through Medco Health, as well as vision-care benefits administered through EyeMed Vision Care. See page 10 for more information on the new Copayment PPO plan option.

90-percent PPO Plan

This plan looks a lot like the current 90-percent PPO option, with some changes in prescription-drug benefits and out-of-pocket maximums for in-network services. Under this option, covered services from in-network medical providers will be payable at 90 percent, with out-of-network benefits at 70 percent. Prescription-drug coverage will continue to be administered through Medco Health, and vision-care benefits will continue under a plan through EyeMed Vision Care. See page 11 for more information on the 90-percent plan. Note: The 90-percent PPO option will be discontinued after December 31, 2005.

80-percent PPO Plan

This plan looks much like the current 80-percent plan. Medical benefits will be administered through Blue Cross Blue Shield of Tennessee. Prescription-drug coverage will be through Medco Health, and vision-care benefits will continue to be available through EyeMed Vision Care. The out-of-pocket maximums for in-network services under this option will increase for 2005. See page 11 for information on this option.

New! Consumer-Directed Health Plan

This new plan—the CDHP option—gives you, the consumer, more control over how and when you spend your health-care resources. This is a high-deductible plan and you assume more financial risk and out-of-pocket costs if you choose this option. The CDHP includes a Health Reimbursement Account (HRA) that is funded by TVA. This account

pays for your covered medical and prescription-drug services in full until the account is empty. After the HRA has been exhausted, you pay for covered medical and prescription-drug services in full out of your pocket until the deductible has been met. After the deductible has been met, you have benefits for prescription drugs through a plan administered by Medco Health and coverage for in-network and out-of-network services administered by Blue Cross Blue Shield. There are no vision-care benefits in the CDHP. More information on the CDHP begins on page 12.

Premiums

Monthly premiums for coverage beginning with the January 2005 premium payments are shown on page 16.

Election Form

For your convenience, an election form is included in this booklet as page 22. Be sure to complete the form, sign it, date it and return it to TVA's Employee Service Center in the postage-paid envelope included in this package. All election forms must be received by the Employee Service Center by December 9, 2004.

Be sure to read the information in this booklet carefully to make sure you select the medical plan that best meets your needs.

New Tools for You

You now have on-line access to a number of resources to help you be an informed purchaser of health-care services. Simply log on to www.bcbst.com to access these new tools. You can:

- Compare health care costs and options so you can spend your money efficiently and effectively
- Review and monitor your spending, including your HRA balance if you enroll in the new Consumer-Directed Health Plan
- Review your claims
- Review average cost information for many medical procedures
- Review hospital cost and other important statistics by hospital for many medical procedures
- Research medical conditions and prescription drugs.

2005 General Information and Enrollment Instructions

Welcome to the annual Retiree Medical Plan Election Period. From November 1 through December 5, you may choose the medical plan you want for 2005.

Because the changes in medical plan options for 2005 are significant, you are encouraged to read this booklet carefully and complete an election form (included on page 22) to make sure that you have the medical plan coverage you want for 2005. A postage-paid envelope is included in this package for your convenience. Be sure to complete the election form, sign it, date it, and return it to TVA's Employee Service Center. The Service Center must receive your election form by December 9, 2004.

What happens if you do not return an election form by December 9?

If you have 90-percent PPO coverage in 2004 and do not return an election form by December 9, your coverage will continue in the 90-percent option for 2005 at the new premium rate.

If you have 80-percent PPO coverage in 2004 and do not return an election form by December 9, your coverage will continue in the 80-percent option for 2005 at the new premium rate.

If you have coverage under the CIGNA HMO or the United Healthcare HMO in 2004 and do not return an election form by December 9, your coverage will be transferred to the 80-percent option for 2005 at the new premium rate. If you have individual coverage, you will be transferred to an individual plan under the 80-percent option. If you have family coverage, you will be transferred to a family plan under the 80-percent option.

If you have coverage under the 70-percent PPO option in 2004 and do not return an election form

by December 9, your coverage will be transferred to the 80-percent option for 2005 at the new premium rate. If you have individual coverage, you will be transferred to an individual plan under the 80-percent option. If you have family coverage, you will be transferred to a family plan under the 80-percent option.

If you wish to terminate your TVA coverage, you may do so by completing the election form. Please remember that canceling your coverage in a TVA-sponsored retiree medical plan means that you will not be allowed to enroll in a TVA medical plan in the future.

Remember that it is very important to keep your medical plan enrollment record current.

Be sure to report any change of address.

It is your responsibility to notify TVA's Employee Service Center when a dependent is no longer eligible for medical coverage. If a claim is paid for an ineligible dependent, you may be required to repay the medical plan for the amount of that ineligible payment.

Will you be eligible for Medicare?

When you or a covered dependent becomes eligible for Medicare at age 65, your coverage will automatically be transferred to TVA's Supplement to Medicare plan. Your dependent(s) not eligible for Medicare will remain in the plan you select for next year.

Make sure you notify the Employee Service Center if you or one of your covered dependents becomes eligible for Medicare before reaching age 65 so that your enrollment and premiums can be adjusted correctly.

When you receive notice of your eligibility for Medicare, be sure to look carefully at Part B of Medicare. If you do not elect Part B when first eligible, you may find yourself without any Medicare benefits for physician and other expenses.

Your Medical Plan Options for 2005

Your medical plan options for 2005 include some familiar options and some very new options.

All of the options include:

Medical benefits administered through Blue Cross Blue Shield of Tennessee. All of the options are PPO plans—that is, they all use the Blue Cross Blue Shield PPO networks that are available nationwide so you have access to PPO network providers no matter where you live or where you are receiving medical care. All of the options cover the same types of medical services—physician, hospital, most durable medical equipment, and so on—but they are covered at different levels with differing deductibles and patient payments in each option.

A \$250 wellness benefit. Each person covered under one of the medical plan options is eligible for plan payments of up to \$250 per calendar year for routine exams. This benefit is not subject to the deductible, and you do not have to pay coinsurance or a copayment for services covered under the wellness benefit. What is covered under the wellness benefit? Any office visit, screening exam (including Pap smears, mammograms, PSA screening test), lab work or other services in connection with a routine physical. If the services are billed as routine, or preventive, services, the claim(s) will be processed under the \$250 wellness benefit.

Prescription-drug coverage administered by Medco Health. Your prescription-drug plan allows you to purchase up to a 30-day supply at a local retail pharmacy. It also allows you to purchase up to a 90-day supply of most medications through a home-delivery (or mail-order) pharmacy. Purchasing your maintenance medications through home-delivery saves money for you and for your plan—you can purchase one 90-day supply at less than you would pay for 30-day supplies.

New for 2005! All of the options for 2005 include a three-tier prescription drug plan—generic, preferred brand (sometimes called formulary), and nonpreferred brand (nonformulary). When you use brand-name drugs, you can save money for yourself and the plan by using preferred-brand drugs. Medco establishes the preferred listing of brand-name drugs based on findings of a committee made up of physicians and pharmacists. The committee reviews the clinical effectiveness of the drugs as well as the cost effectiveness of the drugs to assign preferred status.

To find out if a particular brand-name medication is preferred or not, you may visit Medco's Web site at www.medco.com or call Medco at 800-818-0890. Information on some of the most frequently used brand-name drugs is included in this booklet on page 23.

Vision Benefits

Three of the four options for 2005 include vision-care benefits through EyeMed Vision Care. The Consumer-Directed Health Plan does not include vision-care benefits.

Medical Coverage

These medical options are self-funded plans which are administered by Blue Cross Blue Shield of Tennessee. These plans are not true insured plans and the plan administrator has no financial risk for the expenses of these plans. The funds from which claims are paid under these plans are the combination of contributions paid by those covered under the plan and TVA contributions on behalf of those covered. The premiums for these plans are based on the expenses incurred by the members of the plan.

All options cover the same services but at different levels with different deductible amounts as shown on page 8. You will receive greater benefits when using PPO providers (in-network providers). If you use out-of-network providers, benefits will be paid at a lower level and you will pay more out of your pocket for the services you receive, including any charges that are higher than the amounts allowed.

Each option includes an annual allowance of \$250 per person to be used for routine physical expenses. This allowance is not subject to the annual deductible or to coinsurance or copayments.

Well-baby and well-child care—In addition to the initial in-hospital physician examination at birth, four well-baby exams will be covered in a calendar year before the child's first birthday. Routine immunization will be included with these eligible well-baby exams. The plan will cover two exams between the first and second birthdays, including routine immunizations with each exam. The plan will cover one well-child exam per year between age two and age six, including routine immunizations covered with each exam.

Routine examinations for children age six and older are covered under \$250 wellness benefits.

Each option includes benefits for mental health and substance-abuse treatment with limits shown on the chart in this booklet.

More information on these medical plan options is available at the TVA retiree Web site—www.tvaretirees.com

Special Note for Alabama Residents

Blue Cross Blue Shield of Alabama has until now provided “managed care” services for Alabama residents covered under a TVA-sponsored medical plan. These services included prior authorization of hospital admissions, medical necessity reviews, and predeterminations of benefits. The Alabama plan has determined that it will no longer provide such services. Therefore, all such services will be provided by Blue Cross Blue Shield of Tennessee for Alabama residents, just as they are provided by the Tennessee plan for all other TVA members. Alabama residents will be issued new identification cards that include instructions for patients and their providers on obtaining prior authorizations. Please be sure to begin using those new identification cards upon receipt.

Prescription Drug Coverage

All options include prescription drug benefits administered by Medco Health. All plans include generic, preferred-brand and nonpreferred-brand categories of drugs. See page 23 for information on some of the most frequently used brand-name drugs.

Retail purchases—Your Medco identification card allows you to access more than 52,000 retail pharmacies for short-term or emergency prescriptions. Prescriptions for up to a 30-day supply of eligible prescription drugs can be purchased at local pharmacies.

Mail-order purchases—If you are on maintenance medication for a chronic or long-term condition, you should use the home-delivery program. Under this program, you can obtain up to a three-month supply and pay less than you would pay for three one-month supplies purchased at retail. Home delivery saves money for you and the medical plan, in addition to providing convenience and easy refills through mail, telephone, or the Internet at Medco's Web site, www.medcohealth.com.

The Maintenance Medication Refill Program provides that the home-delivery service pharmacy must be used to obtain refills of certain maintenance medications to receive benefits under the plan. Under this program, the prescription plan will cover up to three retail pharmacy purchases of the covered maintenance medications. After three retail purchases of these medications, the home-delivery pharmacy must be used to continue receiving plan benefits for these medications. If these medications

are purchased at a retail pharmacy after the third purchase, the patient will pay the full cost for the medication and will not receive any plan discount or any plan reimbursement for the medication. If you have questions about the home-delivery feature of the prescription-drug plan or if you want a list of the maintenance medications which must be purchased through home delivery after three refills, please call the Employee Service Center at 888-275-8094.

This prescription-drug plan covers only legend drugs—that is, drugs that can only be dispensed with a prescription. The plan does not

cover over-the-counter drugs. The plan does not cover smoking-cessation products, appetite suppressants or other weight-loss medications, or drugs with over-the-counter equivalents.

Vision Coverage

The Copayment PPO plan, 90-percent PPO plan, and 80-percent PPO plan include vision-care benefits. The plan is offered through Eyemed Vision Care and includes a network of providers. Retirees receive a higher level of benefits when network providers are used. Note: The Consumer-Directed plan does not include vision-care benefits.

	In-Network	Out-of-Network
	MEMBER PAYS	MEMBER IS REIMBURSED
Exam with Dilation as Necessary:	\$10 Copay	Up to \$35
Standard Plastic Lenses:		
Single Vision	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$55
Basic Progressives	\$10 Copay	Up to \$55
Lenticular	\$10 Copay	Up to \$55
Frames:	\$10 Copay; \$100 Allowance; 80% of retail over \$100	Up to \$45
Lens Options (added to the base price of the lenses):		
UV Coating	\$12	
Tint (Solid and Gradient)	\$12	
Scratch-Resistant	\$12	
Basic Polycarbonate	\$35	
Standard Anti-Reflective	\$45	
Other Add-Ons and Services	20% Off Usual and Customary charges	
Contact Lenses (in lieu of a frame and lenses; includes fit, follow-up & materials):		
Conventional	\$10 Copay; \$115 Allowance; 15% off balance over \$115	Up to \$98
Disposables	\$10 Copay; \$115 Allowance; balance over \$115	Up to \$98
Medically Necessary	\$250 Allowance; balance over \$250	Up to \$200

Frequency	
Examination	Once every 12 months
Frame	Once every 24 months
Lenses	Once every 12 months
Contact Lenses	Once every 12 months

Comparison of Medical Benefit Plans

BENEFITS	C1 COPAYMENT PPO	C2 80% COINSURANCE PPO	C4 90% COINSURANCE PPO	C3 CONSUMER-DIRECTED HEALTH CARE
Deductible	No deductible	\$300 Individual/\$600 Family	\$200 Individual/\$400 Family	In-network \$1,000 Individual Contract/\$2,000 Family Contract Out-of-network \$2,000 Individual Contract/\$4,000 Family Contract
Wellness Benefit \$250 per person per calendar year	Routine physical exams not subject to copayment as follows: 4 exams per year birth to age 1; 2 exams per year age 2-6 Age 6 and above – 1 exam per year, subject to \$250 maximum benefit	Routine physical exams not subject to copayment as follows: 4 exams per year birth to age 1; 2 exams per year age 2-6 Age 6 and above – 1 exam per year, subject to \$250 maximum benefit	Routine physical exams not subject to copayment as follows: 4 exams per year birth to age 1; 2 exams per year age 2-6 Age 6 and above – 1 exam per year, subject to \$250 maximum benefit	Routine physical exams not subject to copayment as follows: 4 exams per year birth to age 1; 2 exams per year age 2-6 Age 6 and above – 1 exam per year, subject to \$250 maximum benefit
Physician Services in physician's office	In-network \$25 copayment per office visit	In-network covered 80% after deductible	In-network covered 90% after deductible	In-network covered 80% after deductible
Specialist referral required	No	No	No	No
Allergy Services	In-network office visit copay or cost of visit, whichever is less (waived if immunization is only service provided)	In-network covered 80% after deductible – allergy serum 80% after deductible	In-network covered 90% after deductible – allergy serum 90% after deductible	In-network covered 80% after deductible – allergy serum 80% after deductible
Maternity Services <i>Physician services</i> Prenatal, delivery, postnatal care Neonatal care Well care for newborn in hospital	In-network \$25 copayment (copay applies to initial visit to confirm pregnancy; no charge for other office visits)	In-network covered 80% after deductible	In-network covered 90% after deductible	In-network covered 80% after deductible
<i>Inpatient hospitalization</i> Maternity hospitalization	In-network \$500 copayment per admission	In-network covered 80% after deductible	In-network covered 90% after deductible	In-network covered 80% after deductible
Approved Hospital Inpatient Services Semi-private room	In-network \$500 copayment per admission	In-network covered 80% after deductible	In-network covered 90% after deductible	In-network covered 80% after deductible
Approved Outpatient Services Surgery	In-network \$200 copay- ment per facility use	In-network covered 80% after deductible	In-network covered 90% after deductible	In-network covered 80% after deductible
Diagnostic services	Included in outpatient services copayment	In-network covered 80% after deductible	In-network covered 90% after deductible	In-network covered 80% after deductible
Emergency Room Services	In-network covered in full after \$100 copayment per visit	In-network covered 80% after deductible	In-network covered 90% after deductible	In-network covered 80% after deductible
Emergency Ambulance Services	Covered in full	Covered 80% after deductible	Covered 90% after deductible	In-network covered 80% after deductible

NOTE: This is a summary of benefits and explains the plans in general terms. Plan documents are available for review from Employee Benefits, Knoxville. For more information on the plan documents, please call the Employee Service Center.

*Please refer to certificate for more details.

Comparison of Medical Benefit Plans

BENEFITS	C1 COPAYMENT PPO	C2 80% COINSURANCE PPO	C3 90% COINSURANCE PPO	C4 CONSUMER-DIRECTED HEALTH CARE
Vision Care	\$10 copay exam every 12 months	\$10 copay exam every 12 months	\$10 copay exam every 12 months	Not available
Lenses	\$10 copay every 12 months	\$10 copay every 12 months	\$10 copay every 12 months	
Frames (Every 2 years)	\$10 up to \$100 80% amount over \$100	\$10 up to \$100 80% amount over \$100	\$10 up to \$100 80% amount over \$100	
Contacts	\$10 up to \$115	\$10 up to \$115	\$10 up to \$115	
Approved Durable Medical Equipment	Covered in full after \$200 annual copayment per calendar year	Covered 80% after deductible	Covered 80% after deductible	Covered 80% after deductible
Approved Prosthetic Devices	Covered in full after \$200 annual copayment per calendar year	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Mental Health/Detoxification				
Inpatient	In-network Mental health – \$500 copayment per admission Limit 60 days per calendar year Substance abuse – \$500 copayment per admission Limit 150 days per lifetime	In-network Covered 80% after deductible Substance abuse maximum of 150 days per lifetime Mental health limit of 60 days per calendar year	In-network Covered 80% after deductible Substance abuse maximum of 150 days per lifetime Mental health limit of 60 days per calendar year	In-network Covered 80% after deductible Substance abuse maximum of 150 days per lifetime Mental health limit of 60 days per calendar year
Outpatient	In-network Mental health – Same as physician office copay Limit 60 visits per calendar year Substance abuse outpatient – Same as physician office copay	In-network Covered 80% after deductible - Mental health limit of 60 visits per calendar year Substance abuse maximum of 30 visits per year	In-network Covered 90% after deductible - Mental health limit of 60 visits per calendar year Substance abuse maximum of 30 visits per year	In-network Covered 80% after deductible - Mental health limit of 60 visits per calendar year Substance abuse maximum of 30 visits per year
Covered Prescription Drugs <i>Administered through Medco Health</i>				
Generic	\$12 copayment	\$12 copayment	\$12 copayment	Covered 80% after deductible Minimum of \$12 Maximum of \$100
Preferred Brand	\$24 copayment	\$28 copayment	\$26 copayment	Covered 80% after deductible Minimum of \$24 Maximum of \$100
Non-Preferred Brand	\$39 copayment	\$43 copayment	\$41 copayment	Covered 80% after deductible Minimum of \$39 Maximum of \$100
Mail-Order Pharmacy	2x retail copayment for up to a 90-day supply	2x retail copayment for up to a 90-day supply	2x retail copayment for up to a 90-day supply	2x retail minimums and maximums for up to 90-day supply

New! Copayment PPO Plan

The new Copayment PPO plan replaces the health-maintenance organizations previously available in Tennessee and Alabama. The Copayment PPO plan is available nationwide, so you have access to in-network providers no matter where you live or where you will receive medical care.

The medical portion of the Copayment PPO plan is administered by Blue Cross Blue Shield of Tennessee. The PPO network to be used is the same network used in the current PPO medical plan options. Unlike the other options, however, there is no deductible to be met under the Copayment PPO plan.

When you use in-network providers, you pay fixed-dollar copayments for covered services. You have freedom of choice, however, and you can choose to use providers not in the PPO network. If you use out-of-network PPO providers, the plan will pay benefits for covered medical services at 70 percent of the allowable fee schedule and you will pay 30 percent plus any amount in excess of the allowable fee schedule.

For example:

	In-Network	Out-of-Network
Physician Office Visit	You pay \$25	Plan pays 70%; you pay 30%*
Emergency Room (includes all related charges)	You pay \$100	Plan pays 70%; you pay 30%*
Outpatient Treatment (includes diagnostic testing, outpatient surgery and all related charges)	You pay \$200	Plan pays 70%; you pay 30%*
Inpatient Hospital Stay (includes all related charges)	You pay \$500	Plan pays 70%; you pay 30%*

* Based on allowable fee schedule

All of your medical plan options for 2005 are PPO plans using Blue Cross PPO networks.

Available PPO networks

Tennessee—Blue Network P

Alabama—Preferred Medical
Doctor

Kentucky—Blue Access

Mississippi—Comprehensive Blue

For other states, the Blue Cross/Blue Card network in that state must be used to receive the in-network level of benefits. To identify a network provider in another state, you may call 800-810-BLUE (2583) or access the Blue Cross Web site at www.bluecares.com/bluecard.

All the options cover a range of medical and surgical services needed for the diagnosis and treatment of illness and injury. For example:

- **Class I** services include hospital/institutional care, home health care, and hospice care.
- **Class II** services include doctor-office visits and services, surgery, maternity care, therapy services, and emergency care.
- **Class III** services include medical equipment and certain routine immunizations.

Your prescription-drug coverage is administered through Medco Health and includes retail and home-delivery benefits as described on page 7. The copayments—amounts to be paid by you at the time of purchase—are:

	Retail (up to 30-day supply)	Home-delivery (up to 90-day supply)
Generic	You Pay \$12	You Pay \$24
Preferred Brand	You Pay \$24	You Pay \$48
Nonpreferred Brand	You Pay \$39	You Pay \$78

Your vision-care benefits will be administered through EyeMed Vision Care. Vision benefits are shown on page 7.

90-Percent PPO Plan

This option looks much like the current 90-percent PPO option, with a few changes. The deductibles and coinsurance (the amount you pay) are the same as they are now. The out-of-pocket maximum for out-of-network services will be lower next year.

The prescription drug benefits will be different for 2005. Retail and home-delivery coverage is available as described on page 7. The copayments you will make at the time of purchase are:

90-PERCENT PPO PLAN		
	Retail (up to 30-day supply)	Home-delivery (up to 90-day supply)
Generic	You Pay \$12	You Pay \$24
Preferred Brand	You Pay \$26	You Pay \$52
Nonpreferred Brand	You Pay \$41	You Pay \$82

The vision benefits under this option are the same as those shown on page 7.

Note: The 90-percent PPO plan will be discontinued after December 31, 2005.

80-Percent PPO Plan

This is the “core” plan available to eligible retirees. If you wish to “buy up” to a plan that pays higher benefits, you may elect the Copayment PPO plan or the 90-percent PPO plan.

The 80-percent PPO plan is very similar to the current 80-percent PPO plan. The deductibles and the coinsurance are unchanged. The out-of-pocket maximum for in-network services will increase for 2005 to \$2,500 per individual and \$5,000 per family.

The prescription drug benefits will be different for 2005. Retail and home-delivery coverage is available as described on page 7. The copayments you will make at the time of purchase are:

80-PERCENT PPO PLAN		
	Retail (up to 30-day supply)	Home-delivery (up to 90-day supply)
Generic	You Pay \$12	You Pay \$24
Preferred Brand	You Pay \$28	You Pay \$56
Nonpreferred Brand	You Pay \$43	You Pay \$86

The vision benefits under this option are the same as those shown on page 7.

New! Consumer-Directed Health Plan (CDHP)

The CDHP, a new plan option for 2005, is a high-deductible plan in which you assume more control of your health-care spending and more financial risk in exchange for lower premiums. After the deductible is met, the CDHP provides 80-percent coverage for prescription drugs and in-network medical services until the out-of-pocket maximum is reached.

Wellness Allowance (\$250 per person)	Employer-Funded Healthcare Reimbursement Account All covered expenses paid in full to account maximum, including medical and prescription drugs \$500 for Individual/\$1,000 for Family (Rollover maximum of \$3,000 for Individual/\$5,000 for Family)* <i>*Unused balance can carry over for future years</i>	In-Network Deductible \$1,000 Individual Contract \$2,000 Family Contract Out-of-Network Deductible \$2,000 Individual Contract \$4,000 Family Contract												
	Gap covered by participant (based on in-network utilization) \$500 for Individual/\$1,000 for Family													
	Prescription-Drug Coverage Plan pays 80% and participant pays 20% after deductible met *													
	<table><tr><td colspan="2">Minimum to be paid by participant:</td></tr><tr><td>Retail</td><td>\$12 generic \$24 preferred \$39 nonpreferred</td></tr><tr><td>Home-delivery</td><td>\$24 generic \$48 preferred \$78 nonpreferred</td></tr><tr><td colspan="2">Maximum to be paid by participant:</td></tr><tr><td>Retail</td><td>\$100 for any covered drug</td></tr><tr><td>Home-delivery</td><td>\$200 for any covered drug</td></tr></table>		Minimum to be paid by participant:		Retail	\$12 generic \$24 preferred \$39 nonpreferred	Home-delivery	\$24 generic \$48 preferred \$78 nonpreferred	Maximum to be paid by participant:		Retail	\$100 for any covered drug	Home-delivery	\$200 for any covered drug
	Minimum to be paid by participant:													
Retail	\$12 generic \$24 preferred \$39 nonpreferred													
Home-delivery	\$24 generic \$48 preferred \$78 nonpreferred													
Maximum to be paid by participant:														
Retail	\$100 for any covered drug													
Home-delivery	\$200 for any covered drug													
In-Network Insurance 80% coinsurance for medical with out-of-pocket maximums	Out-of-Network Insurance 60% coinsurance for medical with out-of-pocket maximums													
* 100% After Out-of-Pocket Maximum \$4,500 Individual/\$9,000 Family In-Network \$9,000 Individual/\$18,000 Family Out-of-Network														

- TVA provides a fixed amount in the participant's HRA each year. The HRA must be utilized first for any covered medical and prescription drug expenses. The money applies to the participant's deductible.
- If covered expenses exceed the amount of the HRA, the participant is responsible for meeting the remaining amount of the deductible.
- When the deductible has been met, a traditional 80-percent coinsurance plan begins to pay benefits for the remainder of the year, until the out-of-pocket maximum is met.

\$250 Wellness Benefit – The CDHP includes the same wellness benefit as the other plans. This benefit is not subject to the deductible or coinsurance.

Health Reimbursement Account – The HRA is the first source of payment under the CDHP. The HRA is funded by TVA, and all of your covered medical and prescription-drug expenses are paid in full out of this account until the account is empty. The payments from this account apply toward your deductible. If you have an individual contract under the CDHP, TVA places \$500 in the HRA. If you have a family contract under the CDHP, TVA places \$1,000 in the account. If you do not use all of the TVA-provided money in the account, you can roll over any unused amount into the next plan year. The maximum that you can roll over from year to year is \$3,000 for an individual contract and \$5,000 for a family contract.

“Gap” – After you have exhausted your HRA, you must pay out of your pocket for covered services in the “gap” in order to meet the remaining amount of your deductible. If you have an individual contract, you must pay \$500 out of your pocket to meet the individual contract deductible. If you have a family contract, you must pay \$1,000 out of your pocket to meet the family contract deductible. Even though you are paying for your covered medical and prescription-drug expenses in full in the “gap,” it is important that you continue to use your Blue Cross and Medco Health identification cards so that your payments in the “gap” will be credited toward your deductible.

Deductibles – There are in-network and out-of-network deductibles in the CDHP. The deductibles must be met on a contract basis under a CDHP. That means that if you have a family contract under the CDHP you must meet the entire family deductible before any one in the family receives benefit payments under the plan. The family deductible can be met by one member of the family or it can be met by a combination of charges from any of the covered family members.

After you have satisfied the deductible(s) in the CDHP, you will receive plan benefits for covered medical and prescription-drug expenses.

Prescription-drug coverage in the CDHP is administered through Medco Health and includes the same retail and home-delivery features as the other medical plan options. The CDHP drug plan also includes generic, preferred-brand, and nonpreferred-brand levels of coverage. In the CDHP, however, prescription drugs are covered by the plan at 80 percent, with you paying the remaining 20 percent—subject to the minimum and maximum payments as follows.

If your 20-percent share of a covered drug is less than the minimum shown below, you will pay the minimum amount (or the price of the drug, whichever is less). If your 20-percent share of a covered drug is greater than the maximum shown below, you will pay the maximum amount.

	Retail (up to 30-day supply)	Home-delivery (up to 90-day supply)
Generic	Minimum You Will Pay \$12 Maximum You Will Pay \$100	Minimum You Will Pay \$24 Maximum You Will Pay \$200
Preferred Brand	Minimum You Will Pay \$24 Maximum You Will Pay \$100	Minimum You Will Pay \$48 Maximum You Will Pay \$200
Nonpreferred Brand	Minimum You Will Pay \$39 Maximum You Will Pay \$100	Minimum You Will Pay \$78 Maximum You Will Pay \$200

Some examples of how the prescription-drug coverage works under the CDHP:

Generic, 30-day supply at retail, cost is \$80

20% = \$16

You pay \$16

Preferred Brand, 30-day supply at retail, cost is \$90

20% = \$18 (below minimum)

You pay \$24 (minimum)

Nonpreferred Brand, 90-day supply through home-delivery, cost is \$200

20% = \$40

You pay \$40

Preferred Brand, 90-day supply through home-delivery, cost is \$1,200

20% = \$240

You pay \$200 (maximum)

After you have exhausted your HRA and paid for services in the “gap” to meet your deductible, medical benefits are payable at 80 percent for in-network PPO services and at 60 percent of the allowable amount for out-of-network PPO services. If you choose to use providers not in the PPO network, you will pay 40 percent of allowable amount plus any charges in excess of the allowable amount.

Out-of-Pocket Maximums - The amounts paid out of your HRA, the amount you pay in the “gap,” and the coinsurance you pay for prescription drugs and medical services after the deductible is met all count toward your out-of-pocket maximum. Once you have reached the out-of-pocket maximum, the plan pays 100 percent of your covered expenses for the remainder of the calendar year.

The out-of-pocket maximums for in-network services are \$4,500 if you have an individual contract and \$9,000 if you have a family contract. For out-of-network services, the out-of-pocket maximums are \$9,000 for an individual contract and \$18,000 for a family contract.

How The CDHP Works

Assume you have a family contract, with TVA providing \$1,000 in your HRA.

HRA

You and your family members go to the physician and purchase prescription-drugs just as you would normally do, presenting your Blue Cross identification card for physician and hospital services and your Medco identification card for prescription-drug purchases. The claims for these services will be paid in full based on the allowable charges, and the amounts paid will reduce the balance in your HRA.

The \$1,000 in the HRA can be spent all on one member of the family or it can be spent in combination by any of the family members. The HRA must be exhausted before any plan benefits can be paid on any family member. The amount paid out of the HRA will apply toward meeting the family contract deductible.

What if you do not use all the money in your HRA?

The CDHP allows you roll over from year to year any unused HRA funds, making that amount available for the following year if you continue coverage in a CDHP. The maximum amount you can roll over is \$3,000 for an individual contract and \$5,000 for a family contract.

“Gap”

After the HRA is empty, you must pay in full for all covered medical and prescription-drug purchases for your family. You must continue to present your Blue Cross or Medco identification cards even though you are paying out of your pocket in order to get credit for the amounts you pay and have those payments applied toward your deductible.

After you have paid \$1,000 out of your pocket in the “gap,” you will have met the family contract deductible for in-network services. (There is a separate deductible for out-of-network services as shown on the chart on page 12.)

Plan Benefits

Prescription drugs are paid by the plan at 80 percent after the in-network deductible has been met. If your 20-percent share of the cost is less than the minimum, you will pay the minimum, not to exceed the full cost of the drug. If your 20-percent share is greater than the maximum, you will pay only the maximum.

Hospital, physician and other covered medical services will be paid at 80 percent if they are received from PPO in-network providers, and you will be responsible for 20 percent. If you use out-of-network providers, the plan will pay 60 percent of the allowable amount, and you will pay 40 percent plus any charge that exceeds the allowable amount.

Out-of-Pocket Maximum

You will continue to pay your share of prescription-drug expenses and covered medical expenses until you reach the out-of-pocket maximum. The payments from your HRA, the amounts you pay in the “gap,” and your share of prescription-drug and medical expenses all apply toward the out-of-pocket maximums shown on the chart on page 13. If you reach the out-of-pocket maximum, plan benefits are payable at 100 percent (based on in-network and out-of-network usage) for the remainder of the calendar year.

Vision Coverage – The CDHP does not include vision-care benefits.

Your Medical Plan Costs for 2005

The following monthly premiums are the total premiums and do not reflect any pension supplement or contribution you may receive to help offset the cost of your medical coverage.

Remember, if your payment for medical plan coverage is deducted from your monthly pension benefit, you will see a change in the deduction amount on the check you receive at the end of December 2004. This is the deduction for January 2005 coverage.

Plan Costs

	Individual	Family
Copayment PPO Plan	\$535.00	\$933.00
90% PPO Plan	\$602.00	\$958.00
80% PPO Plan	\$488.00	\$789.00
Consumer-Directed Health Plan	\$295.00	\$568.00

To Your Good Health

There are things you can do to maintain your health . . . to improve your health . . . to improve your quality of life.

Routine Screening Exams

All of the medical plan options offer some level of coverage for routine health screenings. To remind you about some of the tests that are important:

Test	For	Recommendation
Mammogram	Breast Cancer	For women over 40, every 1-2 years; first screening exam between 35-39
Pap Smear	Cervical Cancer	Within three years of becoming sexually active or at age 21; at least every three years
PSA	Prostate Cancer	Every year for men over 50; younger if "at risk"
Cholesterol	High Cholesterol	Men over 35 and women over 45 if "at risk"; some recommend men or women over 20 if "at risk"
Glucose	Diabetes	If you have high blood pressure or high cholesterol
Bone Density	Osteoporosis	Women over 65 should be screened; screening for women over 60 if "at risk"
Scope	Colorectal Cancer	Men and women over 50 should have flex sigmoidoscopy every 5 years or colonoscopy every 10 years

Discuss your individual situation with your physician to determine if you are "at risk"

Flu Shots

It's that time of year. The Centers for Disease Control and Prevention recommend annual flu shots for persons age 50 and older. People who have chronic illnesses such as heart disease, lung disease, or kidney disease are especially encouraged to get the shots. The best time to get a flu shot is in October or November.

The CDC also recommends pneumonia immunizations for people under 65 if they have a chronic illness, with a booster vaccine 5-10 years later. It further recommends a pneumonia vaccine for all people over 65 if they have not received one before age 65.

Healthcare Assistance Program

This voluntary and confidential program provides health education, information, support, and assistance to employees, retirees, and their families. Its features include a 24-hour nurse line, a Web site especially designed for TVA's program, and care management programs to provide individual support from specialty nurses to members dealing with chronic medical conditions.

You can reach a nurse 24 hours a day by calling toll-free 877-598-3972 (800-793-7044 TTY).

The Web site address is www.myaccesshealth.com.

The program is administered by Health International, a nationally recognized provider of care management services, working closely with Blue Cross Blue Shield and Medco Health.

Blue Cross Blue Shield

www.bcbst.com

Health Information Library
800-656-8123

Important Definitions

Copayment, or coinsurance—The amount you pay for services covered by the medical plan once you have paid your deductible.

Eligible dependents

- Your spouse
- Your natural or adopted child who is unmarried and under the age of 19. You must provide at least 50% of the child's support or be required by divorce decree or other court order to provide medical coverage for the child. The child must not be employed on a full-time basis (30 hours or more per week) except during school vacations. Coverage can be continued to the dependent's 25th birthday provided that he or she is a full-time student and satisfies the other conditions listed above.
- A foster child, stepchild, or child of whom you are the legal guardian or for whom you have legal custody, and who is under age 19 and living with you in a regular parent-child relationship. The requirement that the child be living with you in a regular parent-child relationship will be waived if the child is attending school full-time but would otherwise live with you in a regular parent-child relationship. The child must be dependent on you for at least 50% of his or her support and must not be employed on a full-time basis (30 hours or more per week), except during school vacations. Coverage can be continued to the dependent's 25th birthday provided that he or she is a full-time student and satisfies the other conditions listed above.

Fee schedule, or fee for services—Refers to the maximum amount allowed by the insurance carrier or plan administrator as payment for specified covered services.

Out-of-pocket maximum—In the medical plan, the most you pay for covered services during a benefit period. This maximum can be met by a combination of in-network or out-of-network providers' eligible charges. Those do not include any charges in excess of the allowable UCR amount or any penalty paid for a failure to follow preadmission certification requirements. Once you reach the maximum amount, the plan pays 100% of your covered expenses for the rest of the plan year.

Frequent Questions

Do I have to submit an election form to continue my coverage for next year?

TVA encourages you to review the options for 2005 carefully and submit an election form indicating the plan you want for next year. However, if you do not submit an election form, your coverage will continue as explained below:

If you have 90-percent PPO coverage in 2004 and do not return an election form by December 9, your coverage will continue in the 90-percent option for 2005 at the new premium rate.

If you have 80-percent PPO coverage in 2004 and do not return an election form by December 9, your coverage will continue in the 80-percent option for 2005 at the new premium rate.

If you have coverage under the CIGNA HMO or the United Healthcare HMO in 2004 and do not return an election form by December 9, your coverage will be transferred to the 80-percent option for 2005 at the new premium rate. If you have individual coverage, you will be transferred to an individual plan under the 80-percent option. If you have family coverage, you will be transferred to a family plan under the 80-percent option.

If you have coverage under the 70-percent PPO option in 2004 and do not return an election form by December 9, your coverage will be transferred to the 80-percent option for 2005 at the new premium rate. If you have individual coverage, you will be transferred to an individual plan under the 80-percent option. If you have family coverage, you will be transferred to a family plan under the 80-percent option.

If you wish to waive, or terminate, your TVA coverage, you may do so by completing the election form. Please remember that canceling your coverage in a TVA-sponsored retiree medical plan means that you will not be allowed to enroll in a TVA medical plan in the future.

Is this an open enrollment period for all retirees?

No. Retirees not eligible for Medicare who currently participate in TVA's medical plan can choose from the available medical plan options. Retirees who do not now have medical coverage may not elect coverage at this time.

What if I change my mind and want to change my option after the first of the year?

The plan you choose during this election period will remain in effect for all of 2005. You may not change your option during the year. You will be given an opportunity next fall to make an election for 2006.

I'll go on Medicare in 2005. What will happen to coverage for my spouse?

If you become eligible for Medicare at age 65, your coverage will be automatically transferred to TVA's Supplement to Medicare plan. You will receive a new medical plan identification card for the supplement. If your spouse (or any eligible dependent covered on your medical plan) is not yet eligible for Medicare, his or her coverage will continue under the plan you elect for 2005. In that case, your spouse or dependent will receive a new medical plan identification card.

Please remember – If you, your spouse, or an eligible dependent becomes eligible for Medicare before age 65, you must notify the Employee Service Center so that your enrollment and premiums can be adjusted correctly. You must also notify the Employee Service Center if your dependent is no longer eligible for coverage. Failure to provide such information could result in your having to repay the amounts of claims that were paid incorrectly.

Who can answer my questions about the medical plan options?

The Employee Service Center can help you. You can call the Center at 888-275-8094.

Notes:

ELECTION FORM

PLEASE PRINT

Retiree Name _____ Retiree SSN _____

Subscriber Name _____ Subscriber SSN _____
(If not retiree)

Address _____

Telephone No. _____

RETIREE MEDICAL ELECTION FOR 2005

My election for 2005 is:

Copayment PPO Plan Individual _____
Family _____

90% PPO Plan Individual _____
Family _____

80% PPO Plan Individual _____
Family _____

Consumer-Directed Individual _____
Health Plan Family _____

Waive Coverage* _____

This authorizes a change in my monthly premium to be effective with the payment for January 2005 coverage.

I understand that this option will remain in effect for all of calendar year 2005. I understand that I may not change my election during 2005.

*By waiving medical coverage, I understand that I will not be offered another opportunity to enroll in a TVA-sponsored retiree medical plan.

Signature _____ Date _____

This form must be received by the Employee Service Center no later than December 9, 2004 in order for this change to be made.

Preferred Prescriptions® is a list of medications that may be covered under your prescription drug plan.¹ This list was reviewed by an independent group of practicing doctors and pharmacists, and it contains medications made by most pharmaceutical manufacturers. It includes medications for many covered conditions.

SAVING MONEY ON PRESCRIPTIONS

Your plan may prefer some medications over others. These are called *formulary drugs*, and their co-payment is lower.

You may pay:

- Lowest co-payment for generic drugs
- Higher co-payment for formulary brand-name drugs
- Highest co-payment for non-formulary brand-name drugs

Your doctor may be able to help you save money by prescribing generic and formulary brand-name drugs if appropriate. So be sure to bring this guide with you on every visit to your doctor. Some commonly prescribed non-formulary drugs are also listed in this guide for your reference.

Please note: This guide does not contain a complete list of formulary and non-formulary drugs. It only lists the *most commonly prescribed drugs*. For an updated and complete listing of your prescription benefit, you can visit the “Benefit Highlights” section of our website—**www.medco.com**—and click on the [View your preferred drug list](#) link.

FINDING MEDICATIONS WITH LOWER CO-PAYMENTS

This guide lists medications two ways to help you find some generic, formulary, and non-formulary brand-name drugs.

SECTION I - ALPHABETICALLY BY DRUG CATEGORY (SUCH AS RESPIRATORY)

Within each category, medications are listed in alphabetical order, with generic, formulary brand-name, and non-formulary brand-name drugs sorted separately:

- G Means a generic version of a formulary medication
- F Means a formulary brand-name medication
- NF Means a non-formulary brand-name medication

SECTION II - ALPHABETICALLY BY BRAND NAME

After each non-formulary brand-name drug, you will find possible generic and formulary brand-name alternatives.

SAFETY CONSIDERATION SYMBOLS

Here is a quick guide for you and your doctor, which explains our safety symbols. These symbols appear next to certain medications.

- ↓ Means that a dose lower than the manufacturer’s guidelines is often recommended for people 65 and older.
- ▲ Means that use by people 65 and older is associated with increased risk; safer alternatives may be available. If used, dosage should generally be lowered.
- ⚠ Means weigh risk of birth defects or other adverse outcomes.
- ⚠ Means do not use in pregnancy.

This information was in effect at the time of printing, and may be subject to change.

¹ In some cases, your plan sponsor may not cover certain medications listed in this member guide.

SECTION I: THERAPEUTIC DRUG CATEGORIES

ANTI-INFECTIVES (Antibiotics/Antifungals)**Oral Penicillins**

- G amoxicillin trihydrate
- G amoxicillin trihydrate/
potassium clavulanate
- G ampicillin trihydrate
- G dicloxacillin sodium
- G penicillin v potassium
- F Augmentin
- F Augmentin ES
- F Augmentin XR
- NF Dispermox
- NF Geocillin

Oral Tetracyclines

- G [Ⓢ]doxycycline hyclate capsule
- G [Ⓢ]doxycycline hyclate tablet
- G [Ⓢ]doxycycline monohydrate
- G [Ⓢ]minocycline HCl
- G [Ⓢ]tetracycline HCl
- F [Ⓢ]Vibramycin Suspension
- F [Ⓢ]Vibramycin Syrup
- NF [Ⓢ]Adoxa
- NF [Ⓢ]Doryx
- NF [Ⓢ]Dynacin
- NF [Ⓢ]Minocin
- NF [Ⓢ]Monodox
- NF [Ⓢ]Periostat

Oral Cephalosporins

- G cefaclor
- G cefadroxil hydrate
- G cefuroxime axetil tablet
- G cephalixin monohydrate
- G cephradine
- F Ceftin Suspension
- F Ceftin Tablet 125mg
- F Lorabid
- F Omnicef
- NF Ceclor CD
- NF Cedax
- NF Ceftin Tablet 250mg
- NF Ceftin Tablet 500mg
- NF Cefzil
- NF Duricef
- NF Keflex
- NF Keftab
- NF Spectracef
- NF Vantin

Oral Erythromycins

- G erythromycin base
- G erythromycin ethylsuccinate
- G erythromycin ethylsuccinate/
sulfisoxazole acetyl
- G erythromycin stearate
- F Biaxin
- F Biaxin XL
- F Zithromax
- NF EryPed
- NF PCE

Oral Quinolones

- G ofloxacin
- F Avelox
- F Cipro Suspension
- F Cipro Tablet
- F Cipro XR
- F Levaquin
- F Noroxin
- F Tequin
- NF Cinobac
- NF Floxin
- NF Maxaquin
- NF Penetrex
- NF Zagam

Oral Sulfas

- G erythromycin ethylsuccinate/
sulfisoxazole acetyl
- G sulfadiazine
- G sulfamethoxazole/
trimethoprim
- G sulfisoxazole
- F Gantrisin
- NF Bactrim DS
- NF Septra DS

Oral Urinary Tract Agents

- G methenamine hippurate
- G methenamine mandelate
- G nitrofurantoin macrocrystal
- G nitrofurantoin/nitrofurantoin
macrocrystal
- G phenazopyridine HCl
- G trimethoprim
- F Macrobid
- NF Macrochantin
- NF Monurol
- NF Neggram
- NF Primsol

Oral Antifungal Agents

- G griseofulvin ultramicrosize
- G ketoconazole
- G nystatin
- F Ancobon
- F Diflucan
- F Fungizone
- F Grifulvin V Suspension
- F Lamisil Tablet
- F Mycelex Troche
- F Nizoral
- F Sporanox
- F [Ⓢ]Vfend Tablet
- NF Fulvicin P/G
- NF Fulvicin U/F
- NF Grifulvin V Tablet
- NF Gris-Peg
- NF Grisactin
- NF Mycostatin
- NF [Ⓢ]Vfend Suspension

Oral Miscellaneous Agents

- G clindamycin HCl
- G [Ⓢ]neomycin sulfate
- F Dapsone
- F [Ⓢ]Tobi Ampul for
Nebulization
- F Zyvox
- NF Cleocin HCl

Vaginal Antifungals

- G miconazole nitrate vaginal
suppository
- G nystatin
- F Diflucan Tablet 150mg
- F Terazol Vaginal Cream
- F Terazol Vaginal Suppository
- NF Gynazole-I

Key:

G = Means a generic version of a
formulary medication.

F = Means a formulary brand-name
medication.

NF = Means a non-formulary brand-name
medication.

↓ = Means that a dose lower than the manufacturer's guidelines is often recommended for people 65 and older.

▲ = Means that use by people 65 and older is associated with increased risk;
safer alternatives may be available. If used, dosage should generally be lowered.

[Ⓢ] = Means weigh risk of birth defects or other adverse outcomes.

[X] = Means do not use in pregnancy.

PSYCHOTHERAPEUTICS (Anxiety/Depression)

Hypnotic Agents

G ↓ chloral hydrate
 G ⚠ ↓ estazolam
 G ⚠ ▲ flurazepam HCl
 G ⚠ ↓ temazepam
 G ⚠ ↓ triazolam
 F ↓ Ambien
 F ⚠ ↓ Restoril
 F ↓ Sonata
 NF ⚠ ↓ Butisol Sodium
 NF ⚠ ▲ Dalmane
 NF ⚠ ▲ Doral
 NF ⚠ ↓ Halcion
 NF ⚠ ▲ Nembutal Sodium
 NF ⚠ ↓ ProSom
 NF ⚠ ▲ Seconal Sodium

Tricyclic Antidepressants

G ▲ amitriptyline HCl
 G ▲ amoxapine
 G ▲ clomipramine HCl
 G ↓ desipramine HCl
 G ▲ doxepin HCl
 G ⚠ ▲ imipramine HCl
 G ↓ nortriptyline HCl
 F ▲ Surmontil
 F ⚠ ▲ Tofranil-PM
 F ▲ Vivactil
 NF ▲ Anafranil
 NF ▲ Asendin
 NF ↓ Aventyl HCl
 NF ▲ Elavil
 NF ↓ Norpramin
 NF ↓ Pamelor
 NF ▲ Sinequan
 NF ⚠ ▲ Tofranil

Miscellaneous Antidepressants

G ↓ bupropion HCl tablet
 G ↓ bupropion HCl tablet, sustained action
 G ↓ maprotiline HCl
 G mirtazapine tablet
 G mirtazapine tablet, rapid dissolve

G ↓ nefazodone HCl
 G ↓ trazodone HCl
 F ↓ Effexor
 F ↓ Effexor XR
 F Remeron SolTab
 F ↓ Wellbutrin SR Tablet, Sustained Action 200mg
 F ↓ Wellbutrin XL Tablet, Sustained Release 24 hr
 NF ↓ Desyrel
 NF ↓ Ludiomil
 NF Remeron Tablet
 NF ↓ Serzone
 NF ↓ Wellbutrin
 NF ↓ Wellbutrin SR 100mg
 NF ↓ Wellbutrin SR 150mg

Antipsychotics

G ↓ chlorpromazine HCl
 G fluphenazine HCl
 G ↓ haloperidol
 G ↓ haloperidol lactate concentrate, oral
 G ↓ loxapine succinate
 G ↓ perphenazine
 G ↓ thiothixene
 G ↓ thiothixene HCl concentrate, oral
 G trifluoperazine HCl
 F Abilify
 F ↓ Clozaril
 F ↓ Moban
 F Orap
 F ↓ Risperdal
 F ▲ Serenitil
 F Seroquel
 F Zyprexa
 F Zyprexa Zydis
 NF Geodon
 NF Symbyax

Anxiolytics

G ⚠ ↓ alprazolam
 G buspirone HCl
 G ⚠ ▲ chlordiazepoxide HCl
 G ⚠ ▲ clorazepate dipotassium

G ⚠ ▲ diazepam
 G ⚠ ⚠ ↓ lorazepam
 G ⚠ ⚠ ↓ oxazepam
 NF ⚠ ⚠ ↓ Ativan
 NF Buspar
 NF ⚠ ▲ Librium
 NF ⚠ Paxipam
 NF ⚠ ↓ Serax
 NF ⚠ ▲ Tranxene SD
 NF ⚠ ▲ Tranxene T-Tab
 NF ⚠ ▲ Valium
 NF ⚠ ↓ Xanax
 NF ⚠ ↓ Xanax XR

MAOI Antidepressants

F ↓ Nardil
 F ↓ Parnate

SSRI Antidepressants

G ↓ fluoxetine HCl
 G ▲ fluvoxamine maleate
 G ↓ paroxetine HCl tablet
 F ↓ Paxil CR
 F ↓ Paxil Suspension
 F Zoloft
 NF ↓ Celexa
 NF Lexapro
 NF ↓ Luvox
 NF ↓ Paxil
 NF ↓ Prozac
 NF ↓ Prozac Weekly

Key:

G = Means a generic version of a formulary medication.
 F = Means a formulary brand-name medication.
 NF = Means a non-formulary brand-name medication.

↓ = Means that a dose lower than the manufacturer's guidelines is often recommended for people 65 and older.
 ▲ = Means that use by people 65 and older is associated with increased risk; safer alternatives may be available. If used, dosage should generally be lowered.
 ⚠ = Means weigh risk of birth defects or other adverse outcomes.
 ⚠ = Means do not use in pregnancy.

CARDIOVASCULAR (Blood Pressure/Heart/Cholesterol)**Beta Blockers**

G	acebutolol HCl
G	atenolol
G	betaxolol HCl
G	bisoprolol fumarate
G	labetalol HCl
G	metoprolol tartrate
G	nadolol
G	pindolol
G	propranolol HCl
G	propranolol HCl capsule, sustained action
G	timolol maleate
F	Coreg
F	Inderal LA
F	Innopran XL
F	Normodyne
F	Toprol XL
NF	Cartrol
NF	Corgard
NF	Inderal
NF	Kerlone
NF	Levatol
NF	Lopressor
NF	Sectral
NF	Tenormin
NF	Trandate
NF	Zebeta

Calcium Blockers

G	diltiazem HCl
G	diltiazem HCl capsule, sustained action
G	diltiazem HCl capsule, sustained release 12 hr
G	diltiazem HCl capsule, sustained release 24 hr
G	↓ verapamil HCl
G	↓ verapamil HCl capsule, 24 hr sustained release pellets
G	↓ verapamil HCl tablet, sustained action
F	Cardizem LA
F	↓ Covera-HS
F	↓ Nimotop
F	↓ Verelan
F	↓ Verelan PM
NF	↓ Calan SR
NF	Cardizem
NF	Cardizem CD
NF	Cardizem SR
NF	↓ Isoptin S.R.
NF	Tiazac

Dihydropyridines

G	nifedipine
G	nifedipine tablet, sustained action
G	nifedipine tablet, sustained release osmotic push
F	Norvasc
F	Sular
NF	Adalat CC

NF	Cardene SR
NF	↓ DynaCirc
NF	↓ DynaCirc CR
NF	↓ Plendil
NF	Procardia XL

Nitroglycerin Patches

G	nitroglycerin patch
F	Nitro-Dur Patch
NF	Deponit Patch
NF	Minitrans Patch
NF	Transderm-Nitro Patch

Adrenergic Antagonists & Related Drugs

G	clonidine HCl
G	↓ doxazosin mesylate
G	guanfacine HCl
G	▲ methyldopa
G	↓ prazosin HCl
G	reserpine
G	↓ terazosin HCl
F	Catapres-TTS Patch
NF	↓ Cardura
NF	Catapres
NF	↓ Minipress
NF	Tenex

Angiotensin II Blockers

F	Atacand
F	Atacand HCT
F	Benicar
F	Benicar HCT
F	Cozaar
F	Diovan
F	Diovan HCT
F	Hyzaar
F	Micardis
F	Micardis HCT
NF	Avalide
NF	Avapro
NF	Teveten
NF	Teveten HCT

Antilipidemics

G	cholestyramine/aspartame
G	cholestyramine/sucrose
G	fenofibrate, micronized
G	↓ gemfibrozil
G	lovastatin
G	niacin
F	Lipitor
F	↓ Lopid
F	Niaspan
F	Tricor
F	Welchol
F	Zetia
F	Zocor
NF	Advicor
NF	Atromid-S
NF	Colestid
NF	Crestor
NF	Lescol
NF	Lescol XL
NF	Mevacor
NF	Pravachol

NF	Questran
NF	Questran Light

ACE Inhibitors

G	↓ benazepril HCl
G	↓ captopril
G	enalapril maleate
G	↓ fosinopril sodium
G	↓ lisinopril
G	moexipril HCl
F	↓ Accupril
F	Aceon
F	Altace
NF	↓ Capoten
NF	↓ Lotensin
NF	↓ Mavik
NF	↓ Monopril
NF	↓ Prinivil
NF	Univasc
NF	Vasotec
NF	↓ Zestril

Combination Antihypertensives

G	atenolol/chlorthalidone
G	benazepril HCl/hydrochlorothiazide
G	bisoprolol fumarate/hydrochlorothiazide
G	captopril/hydrochlorothiazide
G	enalapril maleate/hydrochlorothiazide
G	hydralazine HCl/hydrochlorothiazide
G	lisinopril/hydrochlorothiazide
G	▲ methyldopa/hydrochlorothiazide
G	propranolol HCl/hydrochlorothiazide
G	quinapril HCl/hydrochlorothiazide/magnesium carbonate
G	reserpine/hydrochlorothiazide
F	Accuretic
F	Clorpres
F	Lopressor HCT
F	Lotrel
F	Timolide
NF	Capozide
NF	Corzide
NF	Inderide LA
NF	Lexxel
NF	Monopril HCT
NF	Prinzide
NF	Tarka
NF	Tenoretic
NF	Uniretic
NF	Vaseretic
NF	Zestoretic
NF	Ziac

Key:

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⊠ = Means weigh risk of birth defects or other adverse outcomes.

⊠ = Means do not use in pregnancy.

ENDOCRINE (Diabetes/Hormones/Contraceptives)		
Insulin Therapy F Humalog, Mix (Pens/Cartridges) F Humalog, Mix (Vials) F Humulin (Pens/Cartridges) F Humulin (Vials) F Lantus NF Novolin NF NovoLog NF ReliOn		
Oral Hypoglycemics G acetohexamide G ▲chlorpropamide G ↓glipizide G ↓glipizide tablet, sustained release osmotic push G glyburide G glyburide/metformin HCl G glyburide, micronized G metformin HCl G metformin HCl tablet, sustained release 24 hr G tolazamide G tolbutamide F Actos F Amaryl F Avandamet F Avandia F Metaglip F ↓Prandin F Precose F Starlix NF DiaBeta NF Glucophage NF Glucophage XR NF ↓Glucotrol NF ↓Glucotrol XL NF Glynase NF Glyset NF Micronase		
Blood Glucose Test Strips G alcohol antiseptic pads F Accu-Chek Simplicity Strip F Accu-Chek Strip F Chemstrip BG Strip F Fast Take Strip		
F One Touch Test Strips F One Touch Ultra Test Strips F Surestep Pro Strip F Surestep Test Strips F Tracer BG Strip		
Contraceptive Agents G ☒desogestrel-ethinyl estradiol G ☒desogestrel-ethinyl estradiol/ethinyl estradiol G ☒ethynodiol d-ethinyl estradiol G ☒levonorgestrel-ethinyl estradiol G ☒norethindrone G ☒norethindrone a-e estradiol G ☒norethindrone a-e estradiol/ferrous fumarate G ☒norethindrone-ethinyl estradiol G ☒norethindrone-mestranol G ☒norgestimate-ethinyl estradiol G ☒norgestrel-ethinyl estradiol F ☒Alesse F ☒Cyclessa F ☒Demulen F ☒Lo/Ovral F ☒Loestrin F ☒Loestrin Fe F ☒Mircette F ☒Modicon F ☒Nordette F ☒NuvaRing F ☒Ortho Evra F ☒Ortho Micronor F ☒Ortho Tri-Cyclen F ☒Ortho Tri-Cyclen Lo F ☒Ortho-Cept F ☒Ortho-Cyclen F ☒Ortho-Novum F ☒Ovrette F ☒Plan B F ☒Triphasil F ☒Yasmin NF ☒Brevicon		
NF ☒Desogen NF ☒Eastrostep Fe NF ☒Leven NF ☒Levite NF ☒Norinyl NF ☒Tri-Leven NF ☒Tri-Norinyl		
Estrogens/Estrogen Combinations G ☒estradiol patch G ☒estradiol tablet G ☒estropipate G ☒methyltestosterone/estrogens, esterified F ☒Climara Patch F ☒Combipatch F ☒Esclim F ☒Estraderm Patch F ☒Estrate F ☒Estrate H.S. F ☒Estring Ring, Vaginal F ☒Premarin Tablet F ☒Premarin Vaginal Cream F ☒Premphase F ☒Prempro F ☒Vivelle Patch NF ☒Activella NF ☒Alora NF ☒Cenestin NF ☒Climara Pro Patch NF ☒Estinyl NF ☒Estrace NF ☒Estratab NF ☒Femhrt NF ☒Femring NF ☒Menest NF ☒Ogen NF ☒Ortho-Prefest NF ☒Vagifem		

G. I. (Ulcer)		
Ulcer Drugs G cimetidine HCl liquid G cimetidine tablet G famotidine G ☒misoprostol G nizatidine G omeprazole G ranitidine HCl		
F Nexium F Prilosec Rx 40mg F Protonix F Zantac Syrup NF Aciphex NF Axid NF ☒Cytotec NF Pepcid NF Prevacid		
NF Prilosec Rx 10mg, 20mg NF Tagamet NF Zantac Tablet		
Other G. I. Drugs G sucralfate tablet F Carafate Suspension, Oral NF Carafate Tablet		

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NSAIDs (Pain Relievers)					
NSAIDs					
G	diclofenac potassium	G	meclufenamate sodium	F	Oruvail Capsule, 24 hr
G	diclofenac sodium	G	nabumetone		Sustained Release Pellets
G	etodolac	G	naproxen	NF	Clinoril
G	etodolac tablet, sustained release 24 hr	G	naproxen sodium	NF	Daypro
		G	naproxen sodium tablet, sustained action	NF	Indocin
G	flurbiprofen	G	oxaprozin	NF	Motrin
G	ibuprofen	G	piroxicam	NF	Naprosyn
G	indomethacin	G	sulindac	NF	Relafen
G	indomethacin capsule, sustained action	G	tolmetin sodium	NF	Voltaren
		F	Lodine	NSAID COX-2 Inhibitors	
G	ketoprofen	F	Lodine XL Tablet, Sustained Release 24 hr	F	Bextra
G	ketoprofen capsule, 24 hr sustained release pellets	F	Mobic	F	Celebrex
		F	Naprelan Tablet, Sustained Action	F	Vioxx

RESPIRATORY (Allergy/Asthma)	
Beta Agonists Oral	
G	albuterol sulfate
G	ephedrine sulfate
G	metaproterenol sulfate
G	terbutaline sulfate
F	Volmax
NF	Brethine
NF	Ventolin
Beta Agonist Inhalers	
G	albuterol aerosol
G	albuterol sulfate solution, non-oral
G	isoetharine HCl solution, non-oral
G	metaproterenol sulfate solution, non-oral
F	Accuneb
F	Foradil
F	Maxair Autohaler
F	Maxair Inhaler
F	Proventil HFA
F	Proventil Inhaler
F	Proventil Solution, Non-Oral
F	Serevent Diskus
F	Ventolin Rotacaps
F	Xopenex Solution, Non-Oral
NF	Alupent
NF	Tornalate
NF	Ventolin HFA
NF	Ventolin Inhaler
Inhaled Steroids	
F	Flovent Inhaler
F	Flovent Rotadisk
F	Pulmicort Inhaler
F	Pulmicort Respules
NF	Aerobid
NF	Aerobid-M
NF	Azmacort
NF	Beclivent
Nasal Corticosteroids	
G	flunisolide
F	Flonase
F	Nasacort AQ
F	Nasonex
F	Rhinocort Aqua
NF	Nasalide
Miscellaneous Pulmonary Agents	
G	acetylcysteine vial
G	cromolyn sodium ampul for nebulization
G	ipratropium bromide solution, non-oral
F	Accolate
F	Advair Diskus
F	Atrovent Inhaler
F	Combivent Inhaler
F	Duoneb
F	Intal Inhaler
F	Pulmozyme
F	Singulair
F	Spiriva
F	Tilade Inhaler
F	Tracleer
NF	Atrovent Solution, Non-Oral
NF	Zyflo
Antihistamine/Decongestant Combinations	
G	pseudoephedrine HCl/ brompheniramine maleate
G	pseudoephedrine HCl/ brompheniramine maleate capsule, sustained action
G	pseudoephedrine HCl/ carbinoxamine maleate
G	pseudoephedrine HCl/ carbinoxamine maleate tablet, sustained action
G	pseudoephedrine HCl/ chlorpheniramine maleate
Antihistamines	
G	carbinoxamine maleate liquid
G	clemastine fumarate
G	cyproheptadine HCl
G	diphenhydramine HCl 50mg
G	hydroxyzine HCl
G	hydroxyzine pamoate
G	promethazine HCl
F	Allegra
F	Astelin Nasal Spray
F	Clarinet RediTabs
F	Clarinet Tablet
F	Histex CT
F	Histex IE
F	Histex PD
F	Zyrtec Chewable Tablet
F	Zyrtec Tablet
NF	Atarax
NF	Optimine
NF	Phenergan
NF	Polaramine
NF	Vistaril

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MISCELLANEOUS					
G	calcitonin, salmon, synthetic vial	F	<input checked="" type="checkbox"/> Evista	F	Miacalcin Nasal Spray
F	Actonel	F	Fosamax Solution, Oral		
		F	Fosamax Tablet		

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SECTION II: NON-FORMULARY DRUGS AND THEIR POSSIBLE FORMULARY ALTERNATIVES

Non-Formulary Product	Possible Formulary Products
Aciphex®	omeprazole (generic), Nexium® (AstraZeneca), Protonix® (Wyeth)
Activella®	Premphase® (Wyeth), Prempro® (Wyeth)
Adalat CC®	Nifedipine ER® (Various), Norvasc® (Pfizer)
Adoxa®	doxycycline monohydrate (generic)
Advicor®	lovastatin (generic), Niaspan® (Kos Pharmaceuticals), Lipitor® (Pfizer), Zocor® (Merck)
Aerobid®	Flovent® (GlaxoSmithKline), Pulmicort® (AstraZeneca)
Aerobid-M®	Flovent® (GlaxoSmithKline), Pulmicort® (AstraZeneca)
Alora®	Estraderm® (Novartis), Vivelle® (Novartis), Climara® (Berlex Laboratories)
Alupent®	albuterol (generic), Maxair® (3M Pharmaceuticals), Maxair Autohaler® (3M Pharmaceuticals)
Amoxil®	amoxicillin trihydrate (generic)
Anafranil®	clomipramine HCl (generic)
Anaprox DS®	naproxen sodium (generic)
Asendin®	amoxapine (generic)
Atarax®	hydroxyzine HCl (generic)
Ativan®	lorazepam (generic)
Atrovent® solution, non-oral	ipratropium bromide solution, non-oral (generic)
Avalide®	Atacand HCT® (AstraZeneca), Benicar HCT® (Sankyo), Diovan HCT® (Novartis), Hyzaar® (Merck), Micardis HCT® (BIP)
Avapro®	Atacand® (AstraZeneca), Benicar® (Sankyo), Cozaar® (Merck), Diovan® (Novartis), Micardis® (BIP)
Aventyl HCl®	nortriptyline HCl (generic)
Axid®	nizatidine (generic), cimetidine (generic), famotidine (generic), ranitidine HCl (generic)
Azmacort®	Flovent® (GlaxoSmithKline), Pulmicort® (AstraZeneca)
Bactrim DS®	sulfamethoxazole/trimethoprim (generic)
Beclovent®	Flovent® (GlaxoSmithKline), Pulmicort® (AstraZeneca)
Biohist-LA®	pseudoephedrine HCl/chlorpheniramine maleate (generic)
Brethine®	terbutaline sulfate (generic)
Brevicon®	Modicon® (Ortho)
Buspar®	buspirone HCl (generic)
Butisol Sodium®	chloral hydrate (generic), temazepam (generic), triazolam (generic)
Caduet®	Lipitor® (Pfizer), Norvasc® (Pfizer)
Calan SR®	verapamil HCl tablet, sustained action (generic)
Capoten®	captopril (generic)
Capozide®	captopril/hydrochlorothiazide (generic)
Carafate® tablet	sucralfate (generic)
Cardene SR®	Nifedipine ER® (Various), Norvasc® (Pfizer)
Cardizem®	diltiazem HCl (generic)
Cardizem CD®	diltiazem HCl capsule, sustained release 24 hr (generic)
Cardizem SR®	diltiazem HCl capsule, sustained release 12 hr (generic)
Cardura®	doxazosin mesylate (generic)
Cartrol®	acebutolol HCl (generic), atenolol (generic), metoprolol tartrate (generic), propranolol HCl (generic), propranolol HCl capsule, sustained action (generic), timolol maleate (generic)
Cataflam®	diclofenac potassium (generic)
Catapres®	clonidine HCl (generic)
Ceclor CD®	cefaclor (generic), cefuroxime axetil (generic), Omnicef® (Abbott)
Cedax®	cefaclor (generic), cefuroxime axetil (generic), Omnicef® (Abbott)
Ceftin® tablet 250mg, 500mg	cefuroxime axetil (generic)
Cefzil®	cefaclor (generic), cefuroxime axetil (generic), Omnicef® (Abbott)
Celexa®	fluoxetine HCl (generic), paroxetine HCl (generic), Paxil CR® (GlaxoSmithKline), Zoloft® (Pfizer)
Cenestin®	Premarin® (Wyeth)

Non-Formulary Product	Possible Formulary Products
Cinobac®	sulfamethoxazole/trimethoprim (generic), trimethoprim (generic), Cipro® (Bayer), Levaquin® (J&J), Noroxin® (Merck)
Cleocin HCl®	clindamycin HCl (generic)
Climara Pro®	Combipatch® (Novartis)
Clinoril®	sulindac (generic)
Colestid®	cholestyramine/sucrose (generic), Welchol® (Sankyo)
Corgard®	nadolol (generic)
Corzide®	bisoprolol fumarate/hydrochlorothiazide (generic), propranolol HCl/hydrochlorothiazide (generic), Lopressor HCT® (Novartis)
Crestor®	lovastatin (generic), Lipitor® (Pfizer), Zocor® (Merck)
Cytotec®	misoprostol (generic)
D.A. II®	Deconamine SR® (Bradley)
Dallergy® syrup	pseudoephedrine HCl/brompheniramine maleate (generic)
Dalmane®	flurazepam HCl (generic)
Daypro®	oxaprozin (generic)
Deponit® patch, transdermal 24 hours	nitroglycerin patch, transdermal 24 hours (generic), Nitro-Dur® (Schering)
Desogen®	Ortho-Cept® (Ortho)
Desyrel®	trazodone HCl (generic)
DiaBeta®	glyburide (generic)
Dilacor XR®	diltiazem HCl (generic)
Dispermox®	amoxicillin trihydrate suspension, oral (generic), amoxicillin trihydrate tablet, chewable (generic)
Doral®	temazepam (generic), triazolam (generic), Ambien® (Sanofi), Sonata® (Wyeth), Restoril® (Mallinckrodt Pharmaceuticals)
Doryx®	doxycycline hyclate (generic)
Duricef®	cefadroxil hydrate (generic)
Dynacin®	minocycline HCl (generic)
DynaCirc®	Nifedipine ER® (Various), Norvasc® (Pfizer)
DynaCirc CR®	Nifedipine ER® (Various), Norvasc® (Pfizer)
EC-Naprosyn®	naproxen (generic), Naprelan® (Carnrick Laboratories)
Elavil®	amitriptyline HCl (generic)
Enduronyl®	reserpine/hydrochlorothiazide (generic)
Enduronyl Forte®	reserpine/hydrochlorothiazide (generic)
EryPed® suspension, oral 400mg/5ml	erythromycin ethylsuccinate (generic)
EryPed® tablet, chewable 200mg	erythromycin ethylsuccinate (generic)
Estinyl®	Premarin® (Wyeth)
Estrace® cream with applicator	Premarin® (Wyeth)
Estrace® tablet	estradiol (generic)
Estratab®	estradiol (generic), estropiate (generic), Premarin® (Wyeth)
Eurostep Fe®	desogestrel-ethinyl estradiol (generic), desogestrel-ethinyl estradiol/ethinyl estradiol (generic), norethindrone a-e estradiol/ferrous fumarate (generic), Cyclessa® (Organon Pharm.), Loestrin Fe® (Pfizer), Mircette® (Organon Pharm.), Ortho-Cept® (Ortho)
Feldene®	piroxicam (generic)
Femhrt®	Premphase® (Wyeth), Prempro® (Wyeth)
Femring®	Estring® (Pfizer), Premarin® (Wyeth)
Floxin®	ofloxacin (generic)
Fulvicin P/G®	griseofulvin ultramicrosize (generic), ketoconazole (generic), Lamisil® (Novartis), Nizoral® (Janssen Pharmaceutical), Sporanox® (Janssen Pharmaceutical)
Fulvicin U/F®	griseofulvin ultramicrosize (generic), ketoconazole (generic), Lamisil® (Novartis), Nizoral® (Janssen Pharmaceutical), Sporanox® (Janssen Pharmaceutical)
Geocillin®	Cipro® (Bayer)
Geodon®	Abilify® (Bristol-Myers Squibb), Risperdal® (Janssen Pharmaceutical), Seroquel® (AstraZeneca), Zyprexa® (Eli Lilly)
Glucophage®	metformin HCl (generic)

Non-Formulary Product	Possible Formulary Products
Glucophage XR®	Metformin HCl ER® (Various), metformin HCl tablet (generic)
Glucotrol®	glipizide (generic)
Glucotrol XL®	glipizide ER tablet, sust. release osmotic push (generic)
Glynase®	glyburide, micronized (generic)
Glyset®	Precose® (Bayer)
Grifulvin V® tablet	griseofulvin ultramicrosize (generic), ketoconazole (generic), Lamisil® (Novartis), Nizora® (Janssen Pharmaceutical), Sporanox® (Janssen Pharmaceutical)
Gris-Peg®	griseofulvin ultramicrosize (generic), ketoconazole (generic), Lamisil® (Novartis), Nizora® (Janssen Pharmaceutical), Sporanox® (Janssen Pharmaceutical)
Grisactin®	griseofulvin ultramicrosize (generic), ketoconazole (generic), Lamisil® (Novartis), Nizora® (Janssen Pharmaceutical), Sporanox® (Janssen Pharmaceutical)
Guanabenz Acetate®	clonidine HCl (generic), methyldopa (generic)
Gynazole-I®	Diflucan® (Pfizer), Terazol® (Ortho)
Halcion®	triazolam (generic)
Hylorel®	clonidine HCl (generic)
Inderal®	propranolol HCl (generic)
Inderide LA®	propranolol HCl/hydrochlorothiazide (generic), Lopressor HCT® (Novartis)
Indocin®	indomethacin (generic)
Isoptin S.R.®	verapamil HCl tablet, sustained action (generic)
Keflex®	cephalexin monohydrate (generic)
Keftab®	cephalexin monohydrate (generic)
Kerlone®	betaxolol HCl (generic)
Lescol®	lovastatin (generic), Lipitor® (Pfizer), Zocor® (Merck)
Lescol XL®	lovastatin (generic), Lipitor® (Pfizer), Zocor® (Merck)
LevatoI®	acebutolol HCl (generic), atenolol (generic), metoprolol tartrate (generic)
Levlen®	Nordette® (Monarch Pharmaceutical)
Levlite®	Alesse® (Wyeth)
Lexapro®	fluoxetine HCl (generic), paroxetine HCl (generic), Paxil CR® (GlaxoSmithKline), Zoloft® (Pfizer)
Lexapro® solution, oral	fluoxetine HCl (generic), Paxil® (GlaxoSmithKline)
Lexxel®	Lotrel® (Novartis)
Librium®	chlordiazepoxide HCl (generic)
Lopressor®	metoprolol tartrate (generic)
Lotensin®	benazepril HCl (generic)
Lotensin HCT®	benazepril HCl/hydrochlorothiazide (generic)
Ludiomil®	maprotiline HCl (generic)
Luvox®	fluvoxamine maleate (generic)
Macrochantin®	nitrofurantoin macrocrystal (generic)
Mavik®	benazepril HCl (generic), enalapril maleate (generic), lisinopril (generic), Accupril® (Pfizer), Aceon® (Solvay Pharmaceuticals), Altace® (Monarch Pharmaceutical)
Maxaquin®	Avelox® (Bayer), Cipro® (Bayer), Levaquin® (J&J), Tequin® (Bristol-Myers Squibb)
Menest®	estradiol (generic), estropipate (generic), Premarin® (Wyeth)
Mescolor®	Deconamine SR® (Bradley)
Mevacor®	lovastatin (generic)
Micronase®	glyburide (generic)
Minipress®	prazosin HCl (generic)
Minitran® patch, transdermal 24 hours	nitroglycerin patch, transdermal 24 hours (generic), Nitro-Dur® (Schering)
Minocin®	minocycline HCl (generic)
Monodox®	doxycycline monohydrate (generic)
Monopril®	fosinopril sodium (generic)
Monopril HCT®	benazepril HCl/hydrochlorothiazide (generic), enalapril maleate/hydrochlorothiazide (generic), lisinopril/hydrochlorothiazide (generic)
Monurol®	sulfamethoxazole/trimethoprim (generic), trimethoprim (generic), Cipro® (Bayer), Noroxin® (Merck)
Motrin®	ibuprofen (generic)

Non-Formulary Product	Possible Formulary Products
Mycostatin® lozenge	clotrimazole troche (generic)
Nalex-A®	Deconamine SR® (Bradley)
Nalfon®	etodolac (generic), ibuprofen (generic), indomethacin (generic), meclufenamate sodium (generic), naproxen (generic), sulindac (generic)
Naprosyn®	naproxen (generic)
Nasalide®	flunisolide (generic)
Neggram®	sulfamethoxazole/trimethoprim (generic), trimethoprim (generic), Cipro® (Bayer), Noroxin® (Merck)
Nembutal Sodium®	chloral hydrate (generic), temazepam (generic), triazolam (generic)
Nitrek® patch, transdermal 24 hours	nitroglycerin patch, transdermal 24 hours (generic), Nitro-Dur® (Schering)
Norel Plus®	Deconamine SR® (Bradley)
Norinyl®	Ortho-Novum® (Ortho)
Norpramin®	desipramine HCl (generic)
Novolin 70/30®	Humulin 70/30® (Eli Lilly)
Novolin 70/30 InnoLet®	Humulin 70/30® (Eli Lilly)
Novolin L®	Humulin L® (Eli Lilly)
Novolin N®	Humulin N® (Eli Lilly)
Novolin N InnoLet®	Humulin N® (Eli Lilly)
Novolin R®	Humulin R® (Eli Lilly)
Novolin R InnoLet®	Humulin R® (Eli Lilly)
NovoLog®	Humalog® (Eli Lilly)
Novolog Mix 70/30®	Humalog Mix 75/25® (Eli Lilly)
Ogen®	estropipate (generic)
Optimine®	clemastine fumarate (generic), hydroxyzine HCl (generic), Allegra® (Aventis), Clarinex® (Schering), Zyrtec® (Pfizer)
Ornade®	Deconamine SR® (Bradley)
Ortho-Prefest®	Premphase® (Wyeth), Prempro® (Wyeth)
Ovcon®	Ortho-Novum® (Ortho)
Ovral®	norgestrel-ethinyl estradiol (generic)
Pamelor®	nortriptyline HCl (generic)
Paxil® tablet	paroxetine HCl (generic)
Paxipam®	oxazepam (generic), diazepam (generic), lorazepam (generic), clorazepate dipotassium (generic)
PCE®	erythromycin base (generic)
Penetrex®	sulfamethoxazole/trimethoprim (generic), trimethoprim (generic), Cipro® (Bayer), Levaquin® (J&J), Noroxin® (Merck)
Pepcid®	famotidine (generic)
Pepcid RPD®	famotidine (generic)
Periostat®	doxycycline hyclate (generic)
Pexeva®	paroxetine HCl (generic)
Phenergan®	promethazine HCl (generic)
Placidyl®	chloral hydrate (generic), temazepam (generic), triazolam (generic)
Plendil®	Nifedipine ER® (Various), Norvasc® (Pfizer)
Polaramine®	clemastine fumarate (generic), hydroxyzine HCl (generic), Allegra® (Aventis), Clarinex® (Schering), Zyrtec® (Pfizer)
Ponstel®	etodolac (generic), ibuprofen (generic), indomethacin (generic), meclufenamate sodium (generic), naproxen (generic), sulindac (generic)
Pravachol®	lovastatin (generic), Lipitor® (Pfizer), Zocor® (Merck)
Prevacid®	omeprazole (generic), Nexium® (AstraZeneca), Protonix® (Wyeth)
Prevacid® suspension, oral	omeprazole (generic), Nexium® (AstraZeneca), Protonix® (Wyeth)
Prilosec Rx® 10mg	omeprazole 10mg (generic), Nexium® (AstraZeneca), Protonix® (Wyeth)
Prilosec Rx® 20mg	omeprazole 20mg (generic), Nexium® (AstraZeneca), Protonix® (Wyeth)
Primsol®	trimethoprim (generic)
Prinivil®	lisinopril (generic)
Prinzide®	lisinopril/hydrochlorothiazide (generic)

Non-Formulary Product	Possible Formulary Products
Procardia XL®	Nifedipine ER® (Various)
ProSom®	estazolam (generic)
Prozac®	fluoxetine HCl (generic)
Prozac Weekly®	fluoxetine HCl (generic)
Questran®	cholestyramine/sucrose (generic)
Questran Light®	cholestyramine/aspartame (generic)
Relafen®	nabumetone (generic)
ReliOn 70/30®	Humulin 70/30® (Eli Lilly)
ReliOn N®	Humulin N® (Eli Lilly)
ReliOn R®	Humulin R® (Eli Lilly)
Remeron® tablet	mirtazapine (generic), Remeron SolTab® (Organon Pharm.)
Riomet® solution, oral	metformin HCl (generic)
Rynatan®	pseudoephedrine HCl/chlorpheniramine maleate (generic)
Rynatuss® tablet	Deconamine SR® (Bradley)
Seconal Sodium®	chloral hydrate (generic), temazepam (generic), triazolam (generic)
Sectral®	acebutolol HCl (generic)
Septra DS®	sulfamethoxazole/trimethoprim (generic)
Serax®	oxazepam (generic)
Serzone®	nefazodone HCl (generic)
Sinequan®	doxepin HCl (generic)
Spectracef®	cefaclor (generic), cefuroxime axetil (generic), Omnicef® (Abbott)
Symbyax®	fluoxetine HCl (generic), Zyprexa® (Eli Lilly), Abilify® (Bristol-Myers Squibb), Risperdal® (Janssen Pharmaceutical), Seroquel® (AstraZeneca)
Tagamet®	cimetidine (generic)
Tanafed®	Deconamine® (Bradley), pseudoephedrine HCl/carbinoxamine maleate (generic)
Tarka®	Lotrel® (Novartis)
Tenex®	guanfacine HCl (generic)
Tenoretic®	atenolol/chlorthalidone (generic)
Tenormin®	atenolol (generic)
Teveten®	Atacand® (AstraZeneca), Benicar® (Sankyo), Cozaar® (Merck), Diovan® (Novartis), Micardis® (BIP)
Teveten HCT®	Atacand HCT® (AstraZeneca), Benicar HCT® (Sankyo), Diovan HCT® (Novartis), Hyzaar® (Merck), Micardis HCT® (BIP)
Tiazac® 120mg, 180mg, 240mg, 300mg, 360mg	diltiazem HCl capsule, sustained release 24 hr (generic)
Tiazac® 420mg	Cardizem LA® (Biovail)
Tofranil®	imipramine HCl (generic)
Toradol®	etodolac (generic), ibuprofen (generic), indomethacin (generic), meclofenamate sodium (generic), naproxen (generic), sulindac (generic)
Tornalate®	albuterol aerosol (generic), Proventil HFA® (Schering), Xopenex® (Sepracor)
Trandate®	labetalol HCl (generic)
Transderm-Nitro® patch, transdermal 24 hours	nitroglycerin patch, transdermal 24 hours (generic), Nitro-Dur® (Schering)
Tranxene SD®	clorazepate dipotassium (generic)
Tranxene T-Tab®	clorazepate dipotassium (generic)
Tri-Levlen®	Triphasil® (Wyeth)
Tri-Norinyl®	Ortho-Novum® (Ortho), Triphasil® (Wyeth)
Uniretic®	benazepril HCl/hydrochlorothiazide (generic), enalapril maleate/hydrochlorothiazide (generic), lisinopril/hydrochlorothiazide (generic), Accuretic® (Pfizer)
Univasc®	moexipril HCl (generic)
Vagifem®	Premarin® (Wyeth), Estrin® (Pfizer)
Valium®	diazepam (generic)
Vantin®	cefaclor (generic), cefuroxime axetil (generic), Omnicef® (Abbott)
Vaseretic®	enalapril maleate/hydrochlorothiazide (generic)
Vasotec®	enalapril maleate (generic)
Velosef®	cephradine (generic)

Non-Formulary Product	Possible Formulary Products
Ventolin®	albuterol (generic)
Ventolin HFA®	Proventil HFA® (Schering)
Vfend® suspension, oral	Vfend® (Pfizer)
Vistari®	hydroxyzine pamoate (generic)
Voltaren®	diclofenac sodium (generic)
Voltaren-XR®	diclofenac sodium (generic)
Wellbutrin®	bupropion HCl (generic)
Wellbutrin SR® 100mg, 150mg	bupropion HCl tablet, sustained action (generic), bupropion HCl tablet (generic), Wellbutrin XL® (GlaxoSmithKline)
Vytensin®	clonidine HCl (generic), methyldopa (generic)
Xanax®	alprazolam (generic)
Xanax XR®	alprazolam (generic)
Zagam®	Avelox® (Bayer), Levaquin® (J&J), Tequin® (Bristol-Myers Squibb), Cipro® (Bayer)
Zantac® capsule	ranitidine HCl (generic)
Zantac® packet	ranitidine HCl (generic)
Zantac® tablet	ranitidine HCl (generic)
Zantac® tablet, effervescent	ranitidine HCl (generic)
Zebeta®	bisoprolol fumarate (generic)
Zestoretic®	lisinopril/hydrochlorothiazide (generic)
Zestril®	lisinopril (generic)
Ziac®	bisoprolol fumarate/hydrochlorothiazide (generic)
Zyflo®	Accolate® (AstraZeneca), Singulair® (Merck)

Notice of Privacy Practices

LEGAL OBLIGATIONS

The group health plan (the Plan) sponsored by the Tennessee Valley Authority (TVA) is required by the Health Insurance Portability and Accountability Act of 1996, commonly referred to as HIPAA, to maintain the privacy of all protected health information (PHI) in accordance with HIPAA; provide this notice of privacy practices to all enrollees; inform enrollees of our legal obligations with respect to their PHI; and advise enrollees of additional rights concerning their PHI. The Plan must follow the privacy practices contained in this notice from its effective date of April 14, 2003, and continue to do so until this notice is changed or replaced. As used in this notice, the Plan means the self-insured health plans sponsored by TVA for the payment of medical, dental, or prescription drug and vision claims. The Plan also includes the self-referral Employee Assistance Program to the extent you request medical services under it, the health care flexible spending account to the extent that you maintain one to help reimburse medical expenses, the Live Well Health Check Program, and the TVA-sponsored Disease Management Program.

Since 1974, TVA has maintained its records under the Federal Privacy Act, which requires TVA to protect employees' personal information. The requirements under HIPAA reinforce TVA's current practices relating to the protection of employees' personal information.

HIPAA privacy requirements are related to PHI. PHI includes all individually identifiable health information transmitted or maintained by the Plan, regardless of the form (oral, written, or electronic).

The Plan reserves the right to change its privacy practices and the terms of this notice at any time, provided applicable law permits the changes. Any changes made in these privacy practices will be effective for all PHI that is maintained, including information created or received before the changes were made. All present enrollees of the Plan and all past enrollees for whom the Plan still maintains PHI will be notified of any material changes by receiving a new Notice of Privacy Practices.

You may request a copy of this Notice of Privacy Practices at any time by contacting the Tennessee Valley Authority group health plan at 400 W. Summit Hill Drive, ET 8C-K, Knoxville, Tennessee 37902.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Treatment, Payment and Health Care Operations

Your PHI may be used and disclosed by the Plan or its business associates for treatment, payment, and health care operations without your authorization.

Treatment: Treatment generally means the provision, coordination or management of health care. For example, the Plan may disclose information to a doctor or hospital that asks for it for purposes of your medical treatment.

Payment: Payment generally encompasses the activities of the Plan to fulfill its coverage responsibilities and to provide benefits on your behalf. For example, information on Plan coverage and benefits may be used or disclosed to pay claims for services provided to you by doctors or hospitals which are covered under your health insurance policy.

Health Care Operations: Health Care Operations generally means the activities which the Plan must undertake to operate the Plan and to support your treatment and the payment of your claims. For example, PHI may be used and disclosed to conduct quality assessment and improvement activities, to engage in care coordination, to provide disease management or case management, and to pursue rights of recovery and subrogation.

OTHER USES AND DISCLOSURES FOR WHICH AUTHORIZATION IS NOT REQUIRED

Your PHI may also be used or disclosed by the Plan without your authorization under the following circumstances:

Disclosures to Family and Friends: Your PHI may be disclosed under certain circumstances to family members, other relatives and your close personal friends who can reasonably demonstrate that they are involved with your care or payment for that care if the information is directly relevant to such involvement or payment. If you do not wish any particular family member, relative or friend to receive any of your information, you may send a letter to us, at the address listed at the end of this notice, making this request.

Plan Sponsors: Your PHI and that of others enrolled in the Plan may be disclosed to the Plan's sponsor, TVA, so that it can assist in the administration of the Plan.

Research: Your PHI may be used or disclosed for research purposes in limited circumstances.

As Required by Law: Your PHI may be used or disclosed as required by law. For example, PHI must be disclosed to the U.S. Department of Health and Human Services upon request for purposes of determining the Plan's compliance with Federal privacy laws.

Court or Administrative Order: PHI may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

Health or Safety: PHI may be released to the extent necessary to avert a serious and imminent threat to your health or safety or to the health or safety of others under certain circumstances.

Health Oversight and Law Enforcement Activities: PHI may be disclosed to Health Oversight agencies for oversight activities, including TVA's Office of Inspector General, and Law Enforcement agencies for law enforcement purposes, under certain circumstances.

Public Health Activities: PHI may be disclosed to public health authorities for purposes of certain public health activities. PHI may also be used or disclosed under certain circumstances if you have been exposed to a communicable disease or are at risk of spreading a disease or condition.

Abuse or Neglect: Your PHI may be disclosed when authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence.

Coroners and Funeral Directors: PHI may be disclosed to a coroner or medical examiner under certain circumstances. PHI may also be disclosed to a funeral director as necessary to carry out their duties with respect to the decedent.

Specialized Government Functions: PHI of Armed Forces personnel may be disclosed to Military authorities under certain circumstances. PHI may be disclosed under certain circumstances to authorized Federal officials for the conduct of lawful intelligence, counter-intelligence and other national security activities and for the provision of protective services to the President and other authorized officials.

Workers' Compensation: PHI may be disclosed as authorized by and to the

extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

USES AND DISCLOSURES PURSUANT TO AUTHORIZATION

Written Authorizations: You may provide written authorization to use your PHI or to disclose it to anyone for any purpose. You may revoke this authorization in writing at any time, but this revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give written authorization, we cannot use or disclose your PHI for any reason except those described in this notice.

Psychotherapy Notes: Except under certain circumstances, your written authorization must be obtained before the Plan will use or disclose psychotherapy notes about you from your psychotherapist. The Plan may use and disclose such notes when needed by the Plan to defend against you in litigation filed by you.

INDIVIDUAL RIGHTS

You have the right to look at or get copies of your PHI, with limited exceptions. You must make the request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information at the end of this notice, or you may send a letter to us, at the address listed at the end of this notice, requesting access to your PHI. If you request copies of your PHI, you will be charged a reasonable fee for the copies and postage if you want the copies mailed to you. You may also request information from our plan administrators (e.g., BlueCross BlueShield of Tennessee, CIGNA, Medco Health, etc.), who maintain information regarding claims, diagnoses, and treatment in order to pay your claims.

You have the right to receive an accounting of the disclosures of your PHI by the Plan or by a business associate of the Plan. This accounting will list each disclosure that was made of your PHI to anyone other than you or someone authorized by you for any reason, other than treatment, payment, healthcare operations and certain other activities not subject to an accounting as set forth in HIPAA, since the earlier of April 14, 2003 or six (6) years prior to the date of the request. This accounting will include the date the disclosure was made, the name of the person or entity the disclosure was made to, a description of the PHI disclosed, the reason for the disclosure, and certain other information. You may also request an accounting of disclosures from our plan administrators.

You have the right to request restrictions on the Plan's use or disclosure of your PHI. While we will consider all requests for restrictions carefully, we are not required to agree to all requests. You may also request this of our plan administrators.

You have the right to request confidential communications about your PHI by alternative means or alternative locations. While we will consider reasonable requests carefully, we are not required to agree to all requests. You may also request this of our plan administrators.

You have the right to request that the Plan amend your PHI. **Your request must be in writing, and it must explain why the information should be amended.** The Plan may deny your request if the PHI you seek to amend was not created by the Plan, if the PHI is accurate and complete, or for certain other reasons. You may also request this of our plan administrators.

Your rights may be exercised through a personal representative. Your personal representative will be required to provide evidence of authority to act on your behalf. Once this has been determined, except under certain limited circumstances, the personal representative will have all the rights you have as listed above.

QUESTIONS AND COMPLAINTS

If you want more information concerning the Plan's privacy practices or have questions or concerns, please contact the Complaint Official listed below.

If you are concerned that the Plan has violated your privacy rights, or you disagree with a decision made about access to your PHI, or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate with you by alternative means or at alternative locations, you may file a complaint with us using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. The address to file a complaint with the U.S. Department of Health and Human Services will be provided upon request.

The Plan supports your right to protect the privacy of your PHI. There will be no retaliation in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Official:
Senior Manager, Employee Benefits
400 W. Summit Hill Drive, ET 8D
Knoxville, Tennessee 37902

Complaint Official:
Senior Medical Benefits Consultant
400 W. Summit Hill Drive, ET 8D
Knoxville, Tennessee 37902

Or call the TVA Employee Service Center at 1-888-275-8094.

PRIVACY ACT STATEMENT

TVA Benefit Plans

ENROLLMENT AND ADMINISTRATION

The information requested in the forms you complete and return to the human resources department becomes part of the TVA Personnel Files or Medical Records Privacy Act systems of records (TVA-2 or TVA-9). Authority for maintenance of these systems of records is provided by the Tennessee Valley Authority Act of 1933 (16 U.S.C. 831-831dd).

In order for TVA to enroll you in the benefit plans and administer your benefits, you are asked to provide all of the requested information and any supporting documentation. Compliance is voluntary, but failure to provide the requested information may result in delay in plan enrollment or claims processing. You may not be able to participate in certain benefit programs if you do not provide the requested information.

TVA uses the requested information to provide and administer its employee benefit programs. Information may be provided to TVA consultants, contractors, and subcontractors who are engaged in providing services or supporting TVA in these areas. Information may also be used in studies and evaluation of TVA's benefit programs, to the extent necessary to the performance of such studies and evaluation, should a dispute arise or congressional inquiry be made concerning TVA's employee benefit programs; for oversight or similar purposes; and for corrective action, litigation, or law enforcement, or in response to process issued by a court of competent jurisdiction. Information provided, including information that you provide for claims reimbursement, may also be used in and verified through a computer match. Additional disclosures may be made as required or permitted by the Freedom of Information Act.

This booklet explains the plan in general terms and does not give details of all terms of the plan. In the event that any conflict should occur between the wording contained in this booklet and the official plan document, the official plan document will serve as the final authority in all matters relating to plan interpretations.

Copies of the plan document are available for review by all members of the plan. They can be examined in the Employee Benefits office, Knoxville, during normal working hours.

You may obtain a copy of the plan document by submitting a written request to the Employee Service Center, Knoxville. A reasonable fee may be charged for all copies provided.

Although TVA expects and intends to continue this plan indefinitely, as well as the separate coverages available under it, the plan, the separate benefit plans, or any provisions contained therein may be amended or terminated by TVA at any time.

For alternate formats of this document, call 865-632-6824
and allow five working days for processing.